EXPENDITURE REPORT

Child Support Administration

State of Wisconsin Department of Workforce Development

2. See Contract for current Agency Number. PROFILE NAME 176 Report Period (mm/yy) / 2001 PROFILE NUMBER PROFILE NUMBER Phone Number CONTRACT-TO-DATE NET EXPENDITURES COMMENTS	INSTRUCTIONS: 1. Report expenditures in whole dollar amounts	Agency Number	Agency Name County			STATE USE ONLY Date Entered in CARS
		Agency Type				
		176 Report Period (mm/yy)	Agency Contact Phone Number		Phone Number	Operator Initials
PROFILE NAME CS Fees (-) 170480 (-) 1 (-)	.5,					
Lab Fees (Blood Test) (-) 70485 (PROFILE NAME					COMMENTS
Lab Fees (Blood Test) (-) 70485 (CS Fees	(-)	70480	()	()	
CS Unclaimed Funds (-) 70493 () ()	Lab Fees (Blood Test)			()	()	
Indirect Cost 70467 Lab Expenditures 70470 All Other Expenditures 70475 CS Non IV-D Activities 70505	Interest Earned on IV-D Collections (-)		70490	()	()	
Lab Expenditures 70470 All Other Expenditures 70475 CS Non IV-D Activities 70505	CS Unclaimed Funds	(-)	70493	()	()	
Lab Expenditures 70470 All Other Expenditures 70475 CS Non IV-D Activities 70505	Indirect Cost		70467			
CS Non IV-D Activities 70505	Lab Expenditures					
TOTAL NET ACTIVITIES	All Other Expenditures		70475			
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have not been reimbursed previously, and represent actual and necessary costs of administering provisions of the contract.

Send Original to:	SIGNATURE - Authorized Agency Representative	Date Signed
Department of Workforce Development/CARS Unit		
P.O. Box 7946		
Madison, WI 53707-7946		
Retain One Copy for Agency Records		